DY - 320 (Rev. 01/2002)

MICHIGAN DEPARTMENT OF AGRICULTURE FOOD & DAIRY DIVISION DAIRY SECTION P.O. BOX 30017 LANSING, MI 48909

All IMS listed buyers of fluid milk are required to test for drug residues and notify the Michigan Department of Agriculture (MDA) of individual producers whose milk shipments are found positive. Failure to maintain proper test records and/or failure to notify MDA of positive producer results may result in removal from the IMA list

POSITIVE PRODUCER DRUG RESIDUE REPORT

(In accordance with Act 266, PA 2001, or Act 267 PA 2001)

LABID	HAIII ED/CA	MDI ED.
		MPLER:
		BTU #:
TRODOCK NAME.	RODGER	
	<u>POSITIVE</u> PRODUCER SAMPLE	INFORMATION
WHEN SAMPLED	WHEN RECEIVED AT LABORATORY	WHEN TESTED
DATE:	DATE:	DATE:
TIME:	TIME:	TIME:
TEMP:	TEMP:	TEMP:screen
TEST METHOD:	CONTROL RESULTS:	
DUPLICATE TESTING:	DATE: TIM	E: TEMP:
ANALYST SIGNATURE:	CONTROL RESULTS:	SAMPLE RESULTS: duplicate 1 duplicate 2 T WAIT FOR NEGATIVE FOLLOW-UP
ANALYST SIGNATURE:FAX POSITIVE RE	CONTROL RESULTS:	T WAIT FOR NEGATIVE FOLLOW-UP
FAX POSITIVE RE	CONTROL RESULTS: SULTS TO MDA IMMEDIATELY – DO NO MDA FAX #: (517) 373-9	T WAIT FOR NEGATIVE FOLLOW-UP
FAX POSITIVE RE FAX POSITIVE RE NEG	CONTROL RESULTS: SULTS TO MDA IMMEDIATELY – DO NO MDA FAX #: (517) 373-9 ATIVE PRODUCER DRUG RESIDU CERTIFIED S	T WAIT FOR NEGATIVE FOLLOW-UP 742 E FOLLOW-UP TEST
FAX POSITIVE RE FAX POSITIVE RE NEGA MI PRODUCER #: PRODUCER NAME:	CONTROL RESULTS: SULTS TO MDA IMMEDIATELY – DO NO MDA FAX #: (517) 373-9 ATIVE PRODUCER DRUG RESIDU CERTIFIED S	T WAIT FOR NEGATIVE FOLLOW-UP 742 E FOLLOW-UP TEST SAMPLER SAMPLER
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FAX POSITIVE RE FAX POSITIVE RE NEGA MI PRODUCER #: PRODUCER NAME: WHEN SAMPLED: DATE: TIME:	CONTROL RESULTS:	SAMPLE RESULTS: duplicate 1 duplicate 2 T WAIT FOR NEGATIVE FOLLOW-UP 742 E FOLLOW-UP TEST SAMPLER WHEN TESTED: DATE:
FAX POSITIVE RE FAX POSITIVE RE NEGA MI PRODUCER #: PRODUCER NAME: WHEN SAMPLED: DATE:	CONTROL RESULTS: SULTS TO MDA IMMEDIATELY – DO NO MDA FAX #: (517) 373-9 ATIVE PRODUCER DRUG RESIDU CERTIFIED S WHEN RECEIVED AT LABORATORY: DATE:	T WAIT FOR NEGATIVE FOLLOW-UP 742 E FOLLOW-UP TEST SAMPLER WHEN TESTED: DATE: TIME: TEMP: